

# Problems of teenage pregnancy among Magar and Dalit community

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**ABSTRACT**

This study is conducted on teenage pregnancy and its effects on their health status. The major focus of this research is to determine the causes of teenage pregnancy among the Magar and Dalit communities in Tribeni Rural Municipality Ward No. 7, Rukum, as well as its effects and socioeconomic aspects. This study is based on descriptive research design. This study was based on primary and secondary source of data. The population of this study was the total number of married women of Tribeni Rural Municipality. Only 50 Magar and 50 Dalit married pregnant women were selected by using the purposive sampling method. In this study information had been collected with the help of interview schedule. After collection of data the quantitative information presented in the form of table percentage and figure. The major findings of this study were the main factors of teenage pregnancy were said that Magar respondents 42 percent to help household work and 38 percent were said Dalit respondents. Similarly, Magar women are 28 percent traditional concept 18 percent lack of education, 12 percent poverty and in Dalit 26 percent traditional concept, 2 percent lack of education 14 percent poverty cause of teenage pregnancy. 20 percent Magar respondents they had got a problem of early birth, 30 percent still both, 8 percent death after birth and among Dalit respondents they had got a problem of 16 percent early still birth 24 death after birth.

**Keywords:** Teen-age pregnancy, Magar, Dalit, reproductive health, adolescent

**1. INTRODUCTION**

Teenage pregnancy is a widespread global public health issue that is harmful to both mother and child's health. Almost all societies, whether developed and developing, are impacted by this issue. The adolescent stage spans the years 10 to 19. This stage of life is where childhood ends and adulthood begins. Adolescence is a distinct and critical developmental stage that affects both one's biology and society. Adolescent or teenage pregnancy occurs when a female between the ages of 10 and 19 becomes pregnant. Teenage pregnancy is still a complicated and difficult subject for families' health professionals, schools, cultures and governments, as well as for teenagers themselves (Baral, 2004).

Helping teenagers is kept in priority because they are a demographic at high risk. The health of both the mother and the kid is seriously at danger when having children too young (United Nations, 1989). There is a significant

prevalence of adolescent childbearing among single, low-income and disadvantaged teenagers. Teenage moms tend to be more at risk for prenatal and maternal risks. For a number of societal as well as medical reasons, including the limitation of fertility, teenage pregnancies should be discouraged.

The two main negative effects of teen programs are a rise in maternal mortality and low birth weight. Compared to women who wait until they are twenty to have children, teenage mothers are more likely to experience socioeconomic disadvantage throughout their life. The primary causes of teenage pregnancies are the culture, early marriage system, poverty, unemployment, low educational attainment and other aspects of normal adult life. Teenage pregnancies are linked to many societal difficulties in developed countries. Worldwide, 13 million babies under the age of 20 are born every year, with more than 90% occurring in poor nations. Sub-Saharan Africa has the greatest proportion of teenage pregnancies worldwide because there, women give birth to children at an early age. In Bangladesh, 14.14% of 1,000 women aged 15 to 19 who were pregnant were from SAARC nations. Bhutan: 6.20 percent; India: 11.60 percent; Pakistan: 6.10 percent; Sri Lanka: 3.50 percent. Nepal is a developing nation with numerous issues relating to pregnancies. 20% of Nepalese women give birth to a child before they turn 18 years old. In Nepal, at least half of all women give birth before they turn 20. Teenage pregnant women in the backward category regularly face this issue in the Tribeni Rural Municipality in Rukum. Due to the remoteness and rural area of the Rukum district, pregnant women there must deal with a number of different issues and challenges that have no other solutions.

This study made the assumption that one of the most significant and significant indicators in the Magar and Dalit populations were teen pregnancy and its impact on their health. The primary goal of this study is to determine how teenage pregnancy affects Dalit and Magar health in Tribeni Rural Municipality Ward No. 7, Rukum. Additional specific goals include the following:

To identify the socio-economic characteristics on the teenage pregnancy among Magar and Dalit communities

To find out the factors of the teenage pregnancy in Magar and Dalit communities

To identify the problems related with teenage pregnancy

The delimitation of this study is as follows:

This study was conducted only for teenage pregnant women who give their first birth during the age at 13-19 years.

This study was delimited in only of Tribeni Rural Municipality ward no. 7, Rukum.

This study was focused on Magar and Dalit community.

In this study the respondent was teenage pregnant women who have also children within 5 years.

## Review of Literature

Teenage mothers appear to be more likely to become pregnant and have high perinatal risks. Because of the effects of single parent and less educate mother, the problem could be seen. Low birth rates are more common in teens that give birth to children. These infants typically have physical and mental problems, severe childhood illnesses and birth traumas. Infant mortality has a high correlation with birth weight. Better birth weight continued to reduce mortality (Gubhaju, 2002). Problem Behaviour Theory (PBT) assumes that teenage pregnancy is regarded as a problem that causes considerable amount of psychological sufferings. According to this view, social structural factors have a developmental precedence over teenage problem behaviors.

The depressive reaction that a girl secondary school student experiences after becoming pregnant may not be caused by pregnancy itself (which is one of the outcomes or repercussions of teenage pregnancy), but rather the girl's perceptions of herself as a failure who has lost her reputation and identity as a young person by becoming a mother-to-be before the designated time.

In the Tharu community in the Dang district, Kumar, (2004) conducted a study titled "Teenage pregnancy and its effect on health". The main goal of this study was to determine the health status of expectant Tharu women. His study included research that was conducted using a random sample procedure from each interview schedule. The main conclusions of his study were that 80% of respondents did not consume additional food while pregnant and 88% of respondents did not consult a prenatal checkup. 90% of births took place at home, away from the hospital. Out of all respondents aged 19 and older and dead children, 13.74 percent received TT injections during pregnancy.

The main goal of Paudel, (2006) study, "Adolescent Marriage and Its Effects on Mother Health on Dalit Community in Tilahar Parbat District" was to pinpoint the health issues associated with teenage marriage in the target community, which was chosen since there were 10% Dalit women. The research tool in this study was a randomly selected group of participants from each taken interview schedule who were married as teenagers. The main conclusions of his study were that 71 percent of women experience problems with their reproductive health during the postpartum period, of whom 45 percent have anemia and 38 percent have edema in addition to other issues.

Gurung conducted his research on “Early marriage and its impact on women's and educational opportunities in the Gurung community of Khandbary Sankhuwasava”. The main goals of this study were to learn more about early married women's maternal health. He was chosen from a sample of 111 women who were in early marriages. The sample method used was random sampling. The research method in this study used field surveys and interviews with each participant. The main conclusion of his study was that 33.7 percent of respondents had received adequate support from her husband during pregnancy, 71.6 percent of respondents gave birth at home, 28.3 percent had a hospital delivery and 48.48 percent of respondents experienced labor pains that were too severe to tolerate.

The aforementioned researchers have looked into several areas of pregnancy-related difficulties, but they haven't addressed the problem of teen pregnancies in Magar and Dalit community. By examining the prevalence, causes and effects of teen pregnancy among women in Tribeni Rural Municipality, Rukum, Nepal and this researcher attempted to address the research gap from this work.

## 2. RESEARCH METHODS AND PROCEDURES

### Research Design

This study was quantitative in character and used a descriptive research approach. Using the purposive sampling method, 50 Magar and 50 Dalit respondents from Tribeni Rural Municipality Ward No. 7 were chosen to represent the total number of teenage pregnant mothers from the total population of 1260 Magar and 1494 Dalit residents. Similar secondary sources of information have been gathered from the pamphlets, associated health post report and earlier records.

### Study Areas

Tribeni Rural Municipality Ward No. 7 in the Rukum district is the research area. It is one of Nepal's more isolated regions in the west. In this research area, there are 6302 people living in 874 homes. 3069 of them are men, while 3223 are women. There were 210 houses of Magar containing 1260 people. Similar to that, 249 homes in Tribeni Rural Municipality, Rukum, had 1494 Dalit residents.

### Data Collection Tools and Techniques

Information was gathered for this study using an interview schedule. Concerns were raised during the interview regarding teen pregnancy and its consequences on the mother's health. The interview schedules will be created to gather the essential data, guidance and recommendations in accordance with the study's goals about teen pregnancy and its impact on mothers' health in the Magar and Dalit cast of the Tribeni Rural Municipality Rukum. The interview schedule was updated to include the chosen respondents. It was translated into Nepali for user-friendliness and had both open-ended and closed-ended questions.

### Data collection procedures

Following a formal request from the researcher, the rural municipality and health post of the study region granted approval for the research. The information was gathered after the researcher introduced himself and discussed the study's objectives to the participants.

### Data Analysis and Interpretation Procedure

After data collection, the interview was manually reviewed and confirmed to reduce errors. Story writing was used to analyze the qualitative data. Tables, Figures and other visual representations of the quantitative data were used to portray it.

## 3. ANALYSIS AND INTERPRETATION OF RESULTS

### Age wise distribution of teenage pregnant mother

The most significant element in teenage marriage is age. Age therefore plays a significant effect in marital success. The way that women live has completely altered and this has very often had diverse effects on the family. In this study, the majority of the Dalit and Magar women were married when they were still young and as a result of this system, they had children at young ages. The population of Rukum's Rural Municipality Ward No. 7 is depicted in the following table by age group.

**Table 1** Age wise Distribution of the Teenage Pregnant Women

Years	Magar Respondents		Dalit Respondents	
	Number	Percent	Number	Percent
Below-13	-	-	-	-
14-16	18	36	21	44
17-19	32	64	29	58
Total	50	100	50	100

Table 1 show that among Magar respondents the highest number of teenage pregnant was in the age group 17-19 years (64 percent). It is show that number of pregnant women of 14-16 years (36 percent). Similarly, among the Dalit respondents the highest number of group 17-19 years (58 percent), 14-16 years (44 percent) both caste is very high this due to the lack of education and public awareness and early marriage.

### Socio-economic and cultural status of the teenage pregnant women

There is a train to get married in the young age and to be a pregnant is the fate of human kinds, such types of superstition and belief in the god and phantom. Similarly, many people go to the witch doctor for the treatment of disease. That is why socio-culture status effect to the health of the Magar and Dalit pregnant women. In Tribeni Rural Municipality Ward No. 7, most of the pregnant women and early married women are suffered from this concept. The following table shows the socio-culture status of the teenage pregnant women, among the 50 Dalit and 50 Magar pregnant women.

### Responsible for birth

The socio-culture structure is the responsible factor to be the pregnant in the teenage. There various culture behaviors affect teenage marriage and pregnant health. Many people go to the witch doctor for the treatment of disease. So, the respondents questions were asked, who were the responsible for the birth of baby. They answered given below:

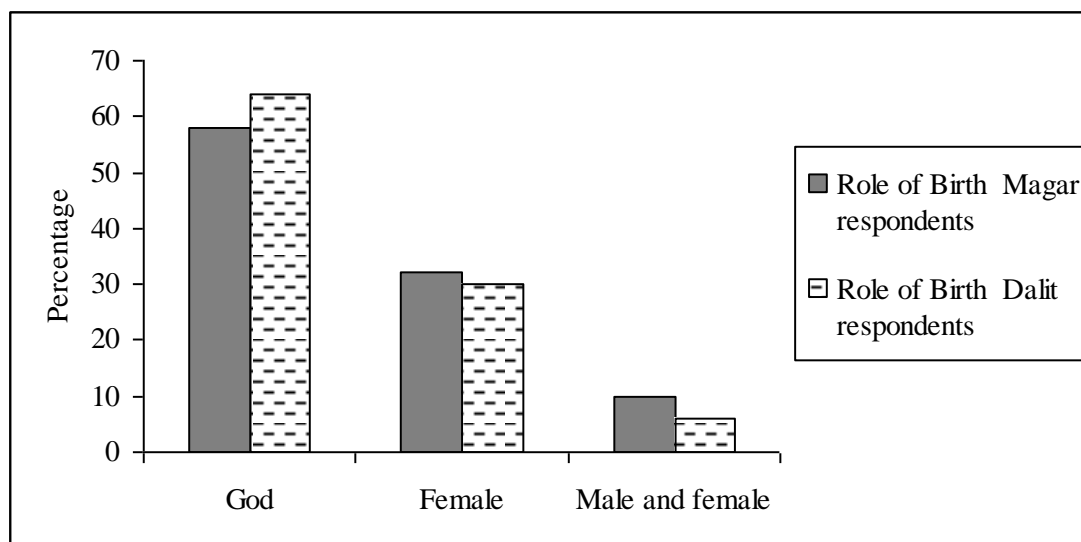
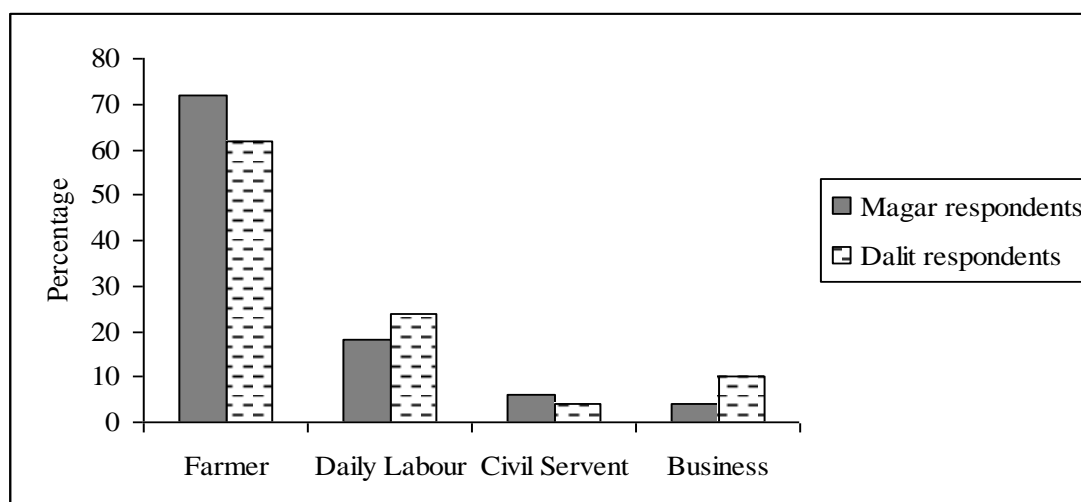
**Figure 1** Responsible for Birth

Figure 1 shows that among the 50 Magar and 50 Dalit purposive respondents, when the question was asked, who were the responsible for the birth of baby, they answered that 10 percent of Magar and 6 percent Dalit women, they believed that husband and wife were responsible for giving the birth of baby. 32 percent Magar and 30 percent Dalit respondents they believed that only female and 58 percent Magar 64 percent Dalit respondents both casts believed that only god was responsible for giving birth of baby.

### Occupational status of the teenage pregnant women

Economic is the energetic power of the human beings. All of the socio-culture development, educational development, national development, they are totally depends on the economic condition of the nation. In the rural area many people, they don't have the chance to earn lot of money. The source of income is only the agriculture which is very much old style. From the following table shows the economic status of the teenage Magar and Dalit pregnant women.



**Figure 2** Occupational Statuses of the Teenage Pregnant Women

Figure 2 shows that among the total of 50 Magar and 50 Dalit respondents most of the pregnant women were depended on the daily labour and least number of respondents were businessman. So, among the Magar 72 percent were farmer, 18 percent labour, 6 percent service and only 4 percent businessman. Similarly, among Dalit respondents 62 percent farmer, 24 percent labour, 4 percent service and 10 percent businessman. It is seen that source of income in only agriculture both caste Magar and Dalit which is very poor and very much primitive type. According to the Dalit respondents they did not have sufficient land economic and very poor than Magar caste.

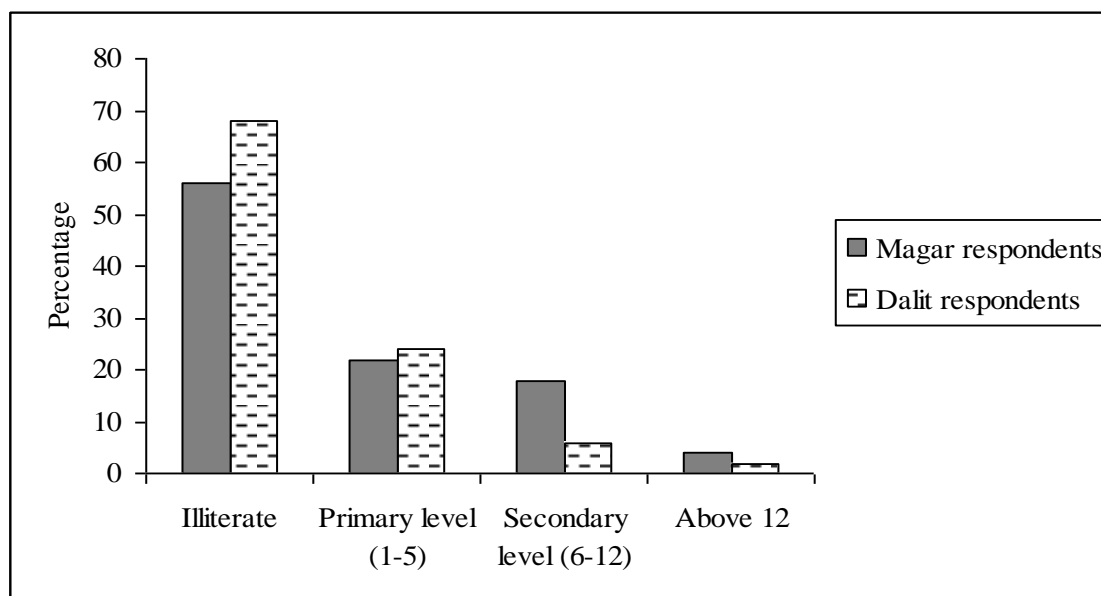
### Education status of the teenage pregnant women

Education is one of the major components of human development. It changes human behaviour. Education is also known as an important indicator of socio-economic development, usually marriage practices also related with educational status of the community. Health status of the family member also depends on education status of the family. The following table shows the different level of the education of the teenage Magar and Dalit pregnant women.

Figure 3 shows that it is known that only 44 percent Magar and 32 percent Dalit respondents are literate. Among the Magar respondents 56 percent and the highest number of illiterate, 22 percent primary level, that is 18 percent secondary level pass i.e. only 4 percent Magar respondents above the 12 class. Similarly, among Dalit respondents that is 68 percent the highest number of illiterate than Magar 24 percent primary level, 6 percent secondary level and then only one 2 percent pass the above 12 class.

### Trend of marriage decision

Nowadays both girls and boys, they get married by the modern style. Most of the boys and girls they do not prefer the arrange marriage and court marriage but they prefer the love marriage with their own interest. But in the remote and rural area, still now, there is a arrange marriage by the force of parent in the society. They do not decide their life partner according to their own interest. There is a dowry system in Nepal and in a very young state, they should agree with their husband by the compulsion of their parent. That is why the following table shows the marriage selection of the Magar and Dalit pregnant women in the community in the Tribeni Rural Municipality Ward No. 7 in Rukum.



**Figure 3** Educational Status of Teenage Pregnant Woman

**Table 2** Trend of marriage decision

Marriage selection	Magar Respondents		Dalit Respondents	
	Number	Percent	Number	Percent
Parent	36	72	35	62
Friends	11	22	13	28
Self-decision	3	6	2	10
Grand Total	50	100	50	100

Table 2 reveals that the parents of 72% of Magar respondents forced them to choose their life spouse. Only 6% of women had chosen their husband based on personal preference and 22% of men had been chosen with the assistance of a friend. Similarly, among Dalit respondents, 62% had their life partner chosen by their parents, 13% had chosen their husband based on their own interests and 26% had chosen their husband based on a friend. The majority of women have been seen to have chosen their partners in accordance with their parents. This is a very unhappy and unjust condition. The community's rites and rituals are to blame for this. This is because of the community's customs and rituals. Along with caste norms, a lack of education and a lack of independence, it was also a result of their culture.

#### Age of marriage respondents

The age of marriage and first pregnancy in this regard, respondent were asked, when did you get married and there response is presented in Table 3.

**Table 3** Age of marriage about their view

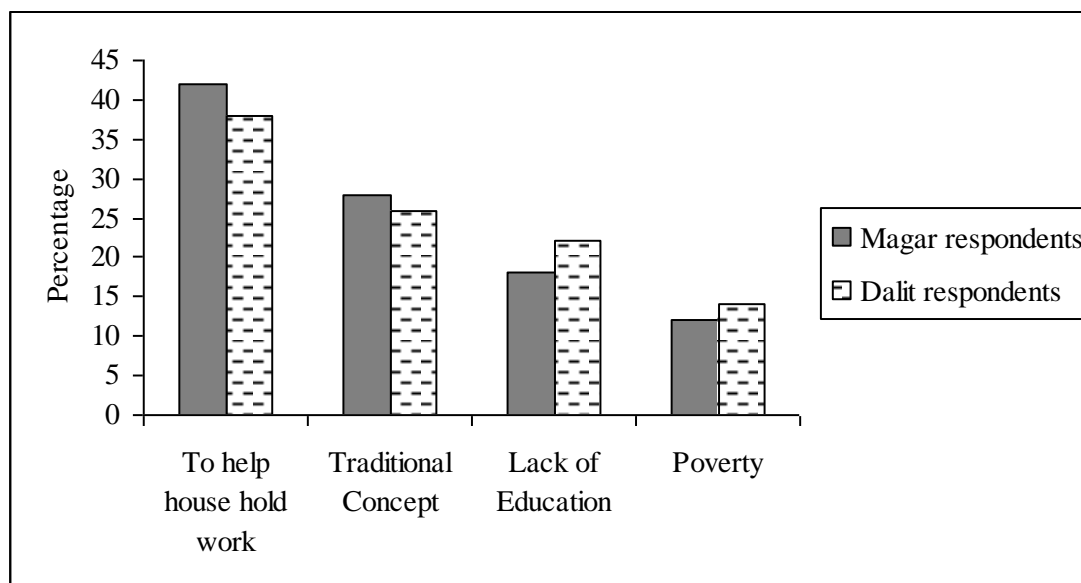
Age of marriage	Magar Respondents		Dalit Respondents	
	Number	Percent	Number	Percent
Below-15	8	16	6	12
15-18	32	64	35	70
18-19	10	20	9	18
After-19	-	-	-	-
Total	50	100	50	100

Table 3 reveals that among the Magar respondents, 16 percent were already married at age 15 or younger. 20 percent of respondents were married between the ages of 18 and 19, while 64 percent wed between the ages of 15 and 18. Similar to this,

except just 13% of Dalit respondents were married before the age of 15. Only 18% of respondents were married between the ages of 18 and 19, compared to 70% who wed between the ages of 15 and 18. According to the above table, the study's conclusion is that adolescent marriage and low levels of education are the main causes of early age marriage in the Magar and Dalit communities.

#### Opinion of respondents to the causes of teenage pregnancy

It has been found that high adolescent pregnancy practices are related with poverty lack of education, traditional concepts. That is why the main case of this teenage pregnancy was as follows:

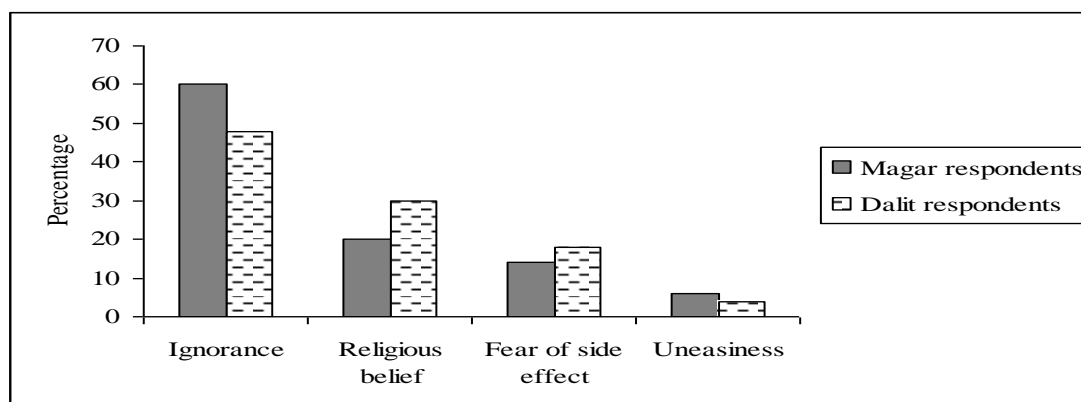


**Figure 4** Factors of teenage pregnancy

Figure 4 shows that among Magar respondents were 42 percent they had got married for the household work in their family 28 percent, they had got married by traditional concept and 18 percent had got married by the of lack of knowledge and only 12 percent causes of poverty. Similarly, among Dalit respondents 38 percent they had got married for the household work in their family 26 percent they had the traditional concept and 22 percent had got married by the lack of knowledge and 14 percent cause of poverty. The main caused to early marriage and lack of knowledge.

#### The main reasons of not using contraceptives

Out of total respondents of the study population 64 percent respondents replied.



**Figure 5** The main reason of not using contraceptive



Figure 5 shows that among Magar respondents and 50 Dalit respondents and 50 Dalit respondents 20 percent Magar and 30 percent Dalit did not use any method of contraceptives because of their religious belief, other were ignorance, fear of side effect and uneasiness.

### Findings

Finally, teen pregnancy and its effects on the mother's health in the community are all determined by cultural structure, the viability of those people in that community, educational standards, social position, economic background and parental expectations regarding fertility. When a pregnancy occurs before the age of 18, teenagers tend to have a greater maternal mortality rate than older women. The risk of dying during childbirth is also significantly higher in rural areas due to inadequate food distribution, an unbalanced diet and extremely weak financial means. Additionally, there is a lack of health education, safe motherhood programs being implemented, facilities for reproductive health, antenatal care, poor nutrition, spaced births and an increase in fertility rates, and pregnant women's drinking and smoking habits, which are major risk factors for teen pregnancy and their health. It was discovered that the community continues to prioritize the practice of teenage marriage. Therefore, the investigation did not find the mother's health to be sufficient. Numerous issues with reproductive health are being caused, in addition to other physical and mental illnesses.

## 4. CONCLUSIONS

The majorities of teenage mothers are between the ages of 17 and 19 and are found in both the Dalit and the Magar caste populations under consideration. Both castes' economic and educational levels are far below those required to meet the most basic necessities. The vast majority of responders are more illiterate and entirely dependent on agriculture. The sociocultural status of adolescent mothers from the Dalit and Magar communities is very traditional. They adhered to customary rites and customs. The majority of women were forced by their parents to get married when they were young in order to help out with the household, which is the main reason for adolescent pregnancies. The health stratus of the Dalit and Magar teenage pregnant women is particularly low due to the early marriage systems poverty and traditional notion of both caste research populations. Few responders from the neighborhood practice poor prenatal care, according to the survey. There is no extra food, no routine health checkups in the hospital and there is no good health service or well-managed care for the expectant mother even during delivery. Overall, the results of the study indicate that early marriage, socioeconomic circumstances, cultural norms and a dearth of education all have a significant impact on teen pregnancies. The health conditions of pregnant Dalit and Magar people are quite difficult.

### Informed consent

Written Informed consent were obtained from all participants.

### Ethical approval

The human research ethical guidelines are followed in the study for analysis.

### Conflicts of interests

The authors declare that there are no conflicts of interests.

### Funding

The study has not received any external funding.

### Data and materials availability

All data associated with this study are present in the paper.

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